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ABSTRACT

Young people growing up in rural and isolated areas of Australia face particular challenges because structural change to the rural economy has dramatically affected their communities. Structural challenges include limited transportation, health and community services that are difficult to access and not confidential, scarcity of affordable housing, lack of postcompulsory educational opportunities, and few job opportunities. Social and cultural challenges include gender issues such as domestic violence and gender stereotypes, suicide, social isolation and an absence of legitimate spaces for young people to congregate, and the effect of social class in generating a sense of exclusion. Many of these challenges are more severe for Aboriginal youth. Strategies that address these issues include listening to young peoples' concerns and involving them in community decisions; involving local communities in planning, developing, managing, and providing services and programs; fostering interagency collaboration to replace the current climate of competition between agencies for limited funding; recognizing that the diversity in methods needed to address specific local needs can be fostered by including local people in all stages of program and service provision; and ensuring the sustainability of programs by taking time to develop collaborative processes and designing them to fit funding and support levels. Factors that are likely to facilitate success are the support of schools, students, and the community; addressing local issues rather than departmental priorities; and better coordination at senior department levels. (Contains 32 references.) (TD)

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# Community Strategies: Addressing the Challenges for Young People living in Rural Australia

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"Getting a life" is a challenging process for all young Australians. Young people growing up in rural areas and isolated areas face particular challenges because the structural change to the rural economy has dramatically affected the very fabric of their communities.

This paper will explore the structural, cultural and social challenges facing young people living in rural Australia The challenges which emerged were transport, accommodation, education, training, gender relations, suicide, social isolation and social division. The paper draws on the available literature and research in the area. It also draws on a range of research that has identified community strategies that are being developed to meet these challenges. The community strategies have a number of common processes that are vital for success, with the role of young people being an important ingredient in this success.

## 1. Introduction

This paper focuses on strategies which are being developed in rural communities to address the needs of young people. It draws on the findings of recent research projects undertaken by the Youth Research Centre on young people in rural Australia (Wyn, Stokes and Stafford, 1998) and on the processes which inform different types of inter agency collaboration (Stokes and Tyler, 1997). In our previous work we identified key issues and challenges which face young people in rural Australia, the effects of which are reflected in rates of youth suicide, high unemployment, lower rates of educational participation and lack of access to health services. Our research also found that many young people place a high value on the positive aspects of rural life, including a feeling of belonging, access to the environment and a commitment to self sufficiency.

The research on which these findings were based included a review of current research and focus group interviews with young people and youth workers in rural areas. The paper summarises the findings. However, in this paper we wish to focus less on the identification of problems and more on the ways in which communities are acknowledging and addressing young people's needs. Many communities are striving to meet the challenges of rural restructuring and changes to the economy, yet their strategies and successes receive little attention.

We identify some of the key aspects of these strategies, including the role of young people in actively shaping community responses and agencies working together to enhance their service provision to young people (and others). In the following section, we briefly summarise the results of research on the current context of young people's lives in rural communities in Australia. Next, we discuss the ways in which communities are responding to these challenges.

## 2. Structural and Cultural Issues for Young People's Health

Young people's health is profoundly affected by their social, economic and physical environments, especially in the context of rapid social change. Although young people in rural Australia grow up in very

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different environments, they share common challenges such as isolation, and the effects of the changing rural economy. For young Aboriginal people, in addition to these issues, the historical struggle for land rights continues to play a significant role in their lives. Young people in rural areas also share common challenges which are related to the social relationships which characterise rural communities. For example, close social networks and adherence to traditional values, while providing security and certainty to some, are detrimental to others, especially in relation to gender relations, sexuality and sexual identities. Wyn, Stokes and Stafford (1998) discuss these issues in terms of structural and social/cultural challenges to young people's wellbeing. Within these categories, they identify key factors which emerged from focus group discussions with young people and youth workers, and which were also identified in the literature. The following discussion summarises their findings.

## 2.1 Structural Issues

The key issues which limit young people's full participation in society were identified as transport, health, education and community services, accommodation and employment. While we have separated these issues for discussion, it should be acknowledged that they are often interrelated in young people's experience.

### 2.1.1 Transport

> *"...within towns there was some public transport, but outside of towns, people relied on cars. Links between towns were maintained by public transport, but bus services operate infrequently, and rail links have been scaled down. People in the north west, including towns like Mildura were as likely to access services in South Australia as in Victoria, because of the difficulties of transport, and people in towns along the Murray were likely to access services across the river in NSW".(Wyn, Stokes and Stafford, 1998)*

This description could have applied to a number of rural communities in Australia. Lack of transport, into rural towns provincial centres is a common problem for young people. Without adequate transport, young people have very limited access to health services, to education and employment opportunities and to leisure facilities. Until they are able to drive, young people are reliant on others for transport. This can cause its own problems, for example, it may be difficult to ensure discretion and confidentiality about a visit to the local health centre. Researchers such as Hillier et. al., (1996) and Smith and Borthwick, (1991) have identified the reliance of girls on older boys for transport with the institutionalisation of rape, in which sex is an accepted 'payment' for transport. The lack of access to alternative leisure has been linked to the reliance on the local footy club as the only source of entertainment, or binge drinking at other local venues.

### 2.1.2 Health and Community Services

Access to health and community services, is more difficult in rural areas - an imbalance that is becoming more marked, because of the higher ration of patients to general practitioners and the greater difficulty of access to facilities (Humphreys and Weinand, 1989: 260). This finding is supported by research on young people's experiences of health services. Hillier, Warr, and Haster. (1996), found that young people in rural communities thought health services were very difficult to access. The issue is not simply one of access; the way in which services are offered is also important. Young people place a high priority on services that are confidential, private on being treated as adults. Having access to bulk billing and being able to enter a health centre discretely were also seen as important to young people. Hence, for some young people, the local health centre was not seen as an option, and they would rather travel to a regional centre or to a metropolitan practice. Our focus groups revealed that in some cases, young people are not aware of the existence of services that would meet their needs.

The health of young Aboriginal people is an urgent issue (Commonwealth Department of Human Services and Health, 1995:3). Health for many young Aboriginal people involves spiritual dimensions, including the ability to complete their traditional initiation ceremonies, living on traditional land and hunting (see Mukherjee, Stokes and Holdsworth, 1997). The appropriateness and relevance of services to their needs is a central issue. The annual death rates for young Aboriginal people in Western Australia, South Australia and the Northern Territory are double that of young Australians of the same age for Australia as a whole (Bhatia & Anderson, 1994). Wyn, Stokes and Stafford (1998) concluded that

> *Primary health care for some Aboriginal communities remains a fundamental issue. Simple public health provisions such as clean water, adequate and appropriate accommodation, and treatment and prevention of gastric, eye, ear and other infections remain a serious concern (Gray & Atkinson, 1990). Brady's research*

*on the health of young Aborigines confirmed that young Aboriginal people in rural and remote areas face the same issues as other young rural people, but that their health is often more seriously compromised by their circumstances, especially those living in remote communities. Brady reports that one Aboriginal health service, assessed the major health problems of young Aboriginal people as: sexually transmitted diseases, alcohol related problems, poor nutrition, skin disease, problems associated with pregnancy and domestic violence (Brady, 1991: 8, Brady, 1993).*

Research on the health of young Aboriginal people reaches a consensus that the National Aboriginal Health Strategy and its recommendations should be strongly supported, including the principles of community control of primary health care, with the states retaining responsibility for secondary level, and other, health services (Brady, 1991, 41). Brady also emphasises that both the National Aboriginal Health Strategy and the Royal Commission into Aboriginal deaths in Custody stressed the special role of Aboriginal community controlled organisations. In our focus groups in several communities, it was suggested that sometimes Aboriginal people are unwilling to access any government service through mistrust and fear.

Models of preventive care are especially relevant in rural areas. A decade ago, it was suggested that in rural communities, a medical model of health care dominated (Humphreys and Weinand, 1989). Today, while the hospital still provides a focus for health concerns, it is clear that health promotion and preventive medicine is a more acceptable model, as many communities are now defining what this means in their particular situation. Often, this means the emergence of partnerships between different types of health service. However, the evidence from the focus groups suggests that the effect of this change is yet to be felt outside of regional centres.

### 2.1.3 Accommodation

Access to affordable accommodation is just as important to young people living in rural areas as it is to young people in the city. Young people in rural areas often have to move from their parents' home for work, or for their education and in many areas there is a scarcity of public housing stock which young people can rent. Quixley's report on young people's housing needs in rural Australia remains the most comprehensive study (Quixley, 1992). She reveals that the key issues of education, employment, and housing are interrelated in their effects on young people's lives, and combine to have a significant effect on young people's well being.

### 2.1.4 Education

Lack of educational opportunities in rural areas is a serious issue.

*The increased importance of educational credentials in the job market has hit young people in rural communities especially hard, because in order to gain post-compulsory education or training credentials, it is common for rural young people to have to leave home and move to metropolitan or regional centres. There has been some improvement in areas served by university campuses and TAFEs. However, because of the lack of jobs and the restricted choices for study, students in rural areas tend to be denied the opportunity to develop the kinds of 'mixes' of school and work that are now becoming common for urban students. (Wyn, Stokes and Stafford, 1998).*

The difficulties of access to education is a longstanding issue with regard to rural youth (Robson, 1991; Stevens and Mason, 1992). Many reports have identified this as a significant source of disadvantage to young people in rural areas (for example, The Australian Schools Commission, 1973; Commonwealth Schools Commission Report 1987; Victorian Ministry of Education/Department of Agriculture and Rural Affairs 1989; and the Department of Employment, Education and Training, 1990). However, this negative general picture is tempered by the fact that teachers in rural areas also develop innovative and alternative forms of education in order to respond to the particular needs of their community. This is especially evident in the literature on the education of young Aboriginal and Torres Strait Islander youth (Osborne, 1993).

### 2.1.5 Employment

For young people, the lack of job opportunities in their local areas is a serious issue. Our focus group interviews reveal that there is a significant proportion of young people who would rather live in their area, but they feel 'forced' to leave by the lack of employment opportunities. This includes lack of job opportunities in towns, and the difficulty that farm families in some areas have in making a living from the land. Unemployment contributes directly to the destruction of rural communities, as the young make an exodus to towns and cities, and it places greater strains on the provision of support services for those who remain.

Unemployment rates are higher in rural areas, and in some Aboriginal communities, as high as 95% (Commonwealth Department of Human Services and Health, 1994). Although recorded rates of unemployment amongst both Aboriginal and non-Aboriginal rural youth are high, many are not recorded. In areas where seasonal work is common, young people's unemployment is masked by the jobs they do for part of the year, to tide them over.

## 2.2 Social and Cultural Issues:

Young people's health and well being are closely related to how they see themselves and the quality of relationships they have with significant others. The social and cultural issues discussed here are linked to the structural factors we have outlined above.

### 2.2.1 Gender Relations

'Gender issues' are increasingly being recognised as one of the key social factors that needs to be taken into account in developing health promotion strategies for young people. Coorey (1990) argues that domestic violence is a problem in rural areas, because of the lack of alternative accommodation, the lack of professional help and the tendency for local police to be influenced by the community values which 'turn a blind eye' to violence in domestic relationships. The difficulties faced by rural women if they try to escape domestic violence are discussed by Iley (1993), including the likelihood of victimisation from an intolerant community if women leave their husbands.

The issue of domestic violence is also now being openly discussed in some Aboriginal communities. This is an especially sensitive area, given the history of the violent treatment of Aboriginal people by whites (Brady, 1994). For example, she points out the effect of the institutionalisation of young Aboriginal people on missions, as a factor affecting the quality of relationships between men and women in this generation.

Narrow conceptions of masculinity and femininity are also an issue. Smith and Borthwick (1991) for example, comment on the marginalisation of girls and women in rural communities, through the perpetuation of double standards and the risk of young women of being negatively label'ed unless they are in a relationship with a boy. The focus group interviews revealed that the strong commitment to sports such as football and netball tended to reinforce gender stereotypes. Although sport was a positive aspect of their lives, some were less enthusiastic about the expectation that football frequently included a heavy ('macho') drinking culture. Associated with this culture is the practice of 'bonnet surfing' and 'dirt surfing' in some communities, which put young men's health at risk. The focus on gender should not imply however, that rural women are victims within traditionally conservative communities. Alston, for example, points out that farm women in constitute a formidable, if unacknowledged political force in rural communities (Alston, 1996).

### 2.2.2 Suicide

> *The very tradition of self sufficiency may prevent young men in rural communities from seeking help when they need it (Graham, 1994).*

The research undertaken by Wyn, Stokes and Stafford (1998) revealed that there is disagreement over whether suicide rates for young people are higher in rural than in urban areas. For example, Dudley et al. (1992) show that the rate of suicide in rural areas of New South Wales has increased whereas a Queensland study (Cantor and Coory, 1993) found similar rates of suicide for young men in rural and urban areas - although they found that there were higher rates of male suicide in all areas of Queensland compared with NSW.

The decline of the rural economy and the consequent stress this has placed on the health of rural people is linked to the high rate of male suicide in rural NSW (Lawrence and Williams, 1990). The effects of unemployment, of poor educational opportunities and poverty itself contribute to the high suicide rate. There is evidence that 'rural youth experience higher levels of domestic violence and homicides' and 'consume more alcohol and have readier access to firearms than their urban counterparts' (Graham, 1994: 409).

Wyn, Stokes and Stafford also found that there was evidence linking suicide with community intolerance for gay people. They quote the following anecdote:

> *the tragic story of Nicolas, a young gay man who failed to come to terms with his sexuality in a country town....*
>
> *He explained that he couldn't live up to the role of a 'typical country Catholic boy'. He knew that he would never be accepted for what he really was. 'You're shunned in the Catholic Church if you are a homosexual' a friend said.*

*Nicholas felt his place in the church, family, school and local community would no longer exist and therefore his life was not worth living because these things were so important to him (Quoted in Green, 1996: 85-6).*

### 2.2.3 Social Isolation and Youth Culture

*Young people in Australia's rural communities have an enormous amount in common with the older people in their communities, because they share the same environment and in both Aboriginal and non-Aboriginal communities, young people have a lot to learn from the 'older generation', associated with both survival in 'the bush' and with the enjoyment of the rural environment. Sport continues to be an important source of solidarity between the generations. Yet, at the same time, young people have different interests and needs from the older people in their communities. Summed up in the inadequate term 'entertainment', this issue is raised as a concern by young people over and over again. (Wyn, Stokes and Stafford, 1998).*

Young people would like to go to movie theatres (that run current movies) to live theatre that is relevant to young people and to dances, discos or other forms of youth community entertainment as of great concern. The alternatives to these forms of entertainment and sociability are often an early engagement with 'pub culture', and a reliance on the drinking which frequently accompanies sports such as football. Young people in our focus groups were frank about the extent to which binge drinking occurs because of a lack of alternatives.

Without legitimate space of their own, young people are seen as a threat if they gather in public places, such as the main street, the football oval, or other places where, officially, they do not have a reason to gather. The focus group interviews found, for example, that young people in one rural town were not gathering in town to be part of the 'druggie' groups, but because they had nowhere else to be.

The recognition of 'youth cultures' is important because the positive place of young people in the cultural life of rural Australia should not be forgotten. It is as important as the creation of jobs for young people, and as their educational opportunities. In the context of such enormous change, the creation of stronger youth oriented communities can contribute significantly to young people's well being and to their own ability to construct meaningful futures.

### 2.2.4 Social Division

The social divisions that exist in rural communities can seriously limit options for young people. We have already discussed the effects of gender divisions on young people. Both race and social class also have a considerable impact on young people's well being and their options for the future.

Not everyone in rural communities belongs in the same way. In focus group discussions, young people mentioned divisions between the 'Aristocracy' (the traditional land owning families) and the 'landless', (seasonal workers). It was suggested that 'to belong, be respected and get a job in town, you need to have a surname that matches the street names'. These older divisions are sometimes the source of more contemporary divisions. For example, in recent times, the relocation of people needing public housing, from big regional and metropolitan centres to the available public housing stock in rural areas and isolated regional centres, has created an added demand on already stretched services. People who move into this situation are often in distressed social circumstances, and the lack of public transport and employment only exacerbate their problems. In many towns they form a separate group, whose use of income support clashes with local traditions of self reliance.

For many young people, the best thing about living in the country is 'the security of knowing most (if not all) of the people in your town and the sense of being far removed from the problems of the city' (Hillier et al. 1996, 10-11). Yet this idyllic experience of rural life always the reality. The effect of social class in rural areas is to replace a real sense of belonging with a sense of exclusion.

## 3. Community Strategies

Many communities have developed strategies that seek to address the issues that face young people in their local communities. Each community responds to the issues in particular ways but there are a number of processes that many of the strategies have identified that are vital for the success of the strategies. A few examples from a range of research projects that have been undertaken by the Youth Research Centre have been selected to illustrate the different processes. These are:

### 3.1 Young People's Involvement

In many rural communities across Australia are holding youth forums that allow young people to have a voice and speak out about the issues that concern them. For young people to be regarded as an impor-



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tant part of the community and then to regard themselves as important to the community, their views on issues needs to be heard.

An example of where this is happening is at the Youth Services Centre in Wodonga, Victoria. A group of 16 year olds will meet weekly to discuss and initiate strategies around the issues of suicide, unemployment and pathways for school leavers. This group was initiated after these young people attended a youth forum in Canberra organised by young people which 400 young people attended. They will meet again in six months to discuss strategies from the different communities, nationally. At this stage the young people in Wodonga are organising a regional forum to find out the views of other young people in the area which will lead to the development of strategies to address the identified issues.(Wyn, Stokes and Stafford, 1998)

The step from 'being heard' (youth voice) to generating 'action' is an important one. As Holdsworth (1998) emphasises "a simple focus on being heard can merely serve to make it appear that young people are active participants; it may, in fact serve as a "safety valve" to ease pressure for real changes in decision making.'

In the Golburn North - Eastern region of Victoria there has been a recognition of the need to move from voice to action. Throughout 1997 there were four forums held called 'Teenroar' that addressed issues identified by the young people. In 1998 a new phase has started with 'Teenaction.' The facilitator, Jan Osmotherly from the Country Connections Project describes how "The idea is to build on what we know and rather than just "roar" - "act on implementation of programs which will positively address relevant issues in the youth culture"

Teenroar and Teenaction have involved nine secondary colleges over a 300 kilometre radius in the Golburn North East region. Project workers from Country Connection worked intensively for two days a week over a ten week time frame with young people from the particular school that was organising Teenroar to develop all aspects of the program including the agenda, catering, advertising, and the budget. After the event there is an evaluation that leads to recommendations to the staff and school council regarding issues identified at Teenaction and Teenroar.

The move from voice to action is shown through the role that young people take working with policy to bring about change at a systemic level. An example of this is work on youth suicide prevention. To access the State Government Youth Suicide Prevention money schools have to have a policy in place by June 1998. But at the schools involved in Teenaction, the young people had not been asked for their ideas on the policy. So the young people have put together a number of recommendations at Teenaction. These include:

- the need for students to be trained as peer mediators;
- the need for a counsellor who is not a teacher in a youth friendly space on the school site;
- the need for teachers to receive professional development on youth issues.
- the need for an anti homophobic campaign as young people identified the link between the lack of acceptance of homosexuality and suicide.

The students are presently negotiating with the schools as to how their recommendations will become part of the school policy for youth suicide prevention.

Communities can also identify how young people can be directly involved in service provision and the development of links between agencies and young people.

In response to a lack of youth specific health services in the Mandurah area, the Peel health Centre has established a network of practising peer health educators for adolescents. Twenty peer leaders were identified from the local schools and youth programs to be trained over a series of twelve, two hour sessions. in youth health issues, leadership and life skills. They were then employed at the Health Matters Shop in the local shopping complex one night a week as health educators to circulate among the young people who frequent the centre to try to establish a link between the young people and the health service. (Mukherjee et al. 1997)

## 3.2 Local Involvement

Drawing on the report (Wyn et al. 1998) it was noted that the involvement of local communities, in planning, developing, controlling, managing and providing services and programs is now regarded as integral to their success by practitioners in rural areas (Quixley, 1993; Cheers, 1992). A number of researchers have commented that 'most Australian policy formulators, service planners, and practitioners are socialised, trained and work in an urban context, and are informed by urban-based research and literature from Australia and overseas' (Cheers, 1992: 13). While concepts and models which are developed in urban areas offer important insights, it is important to understand that they cannot necessarily be applied directly to rural communities. Cheers notes that 'many urban-based welfare services are also

unsuited to rural settlements because of their high public visibility because staff roles are defined too narrowly, or because of inappropriate funding and resourcing principles.

In addition, funding decisions which are made on the basis of the 'broad picture' can be especially inappropriate in particular rural settings. For example, changes to the Youth Allowance which have made young people dependent on families for a longer period are especially punitive to young people and families in rural areas in which the added high costs of transport, lack of employment and poverty make the cost of supporting young people even harder to bear.(Wyn et al. 1998, Dwyer, Stokes, Tyler and Holdsworth, 1998)

At Beechworth Secondary College there has been an emphasis on how to engage a group of Year 9 and 10 female students as full citizens, including them in decisions about themselves, with a community based response to problem solving (Semmens and Stokes, 1997). The students perceived a lack of information and support for young people's health issues from the local health agencies. In response to this the students formed the Young Women's Project and developed a poster resource with assistance from the school and NEWomen (Goulburn North-Eastern Women's Health Service). The resource is entitled This is where it's at and will be promoted and used throughout Victorian schools with support from the health service who will facilitate workshops for students to use the resource.

### 3.3 Collaboration

There is substantial evidence that collaboration amongst agencies such as schools, health workers, youth workers, police, recreation workers and others has the potential to enhance the level of support a community can give to its young people (Stokes and Tyler, 1997). Young people's health and well being, in particular, benefits from intersectoral collaboration to:

- identify and address the gaps and duplication in service provision;
- empower and enhance the community through their direct involvement with an em phasis on the role of young people in this process.

Many rural areas have community network meetings once a month to share information about the services that are available (Wyn et al. 1998, Mukherjee et al. 1997). In the smaller towns they tend to include all agencies in one meeting while in the bigger regional centres the meetings tend to be in the areas such as health, youth and koori, although there was a desire to have across agency meetings in the regional as well, especially including the education sector (Wyn et al. 1998). An example is found in the Stawell area where people who work with adolescents and young adults, work collaboratively to assist and support each other and to proactively address local young people's needs (Mukhurjee et al. 1997).

There is also a recognition that agencies outreaching from the regional centres can join together to fund a single multi - skilled outreach worker. This worker is then able to spend time in one particular area, rather than having each agency send an outreach worker, one day a week to a number of different areas. An example of this is currently being organised in Murray Bridge in South Australia. Another example is EGAP in East Gippsland in Victoria. EGAP pooled money .from a number of sources to then provide multi skilled outreach workers to the outlying areas of East Gippsland.

However, there are also a number of difficulties and barriers to these kinds of initiatives.One of the major barriers is funding criteria and competition for funding. If the criteria is not tailored to collaboration amongst agencies, it can create competition. Compulsory, competitive tendering can create tensions between agencies, instead of fostering collaboration. It has been noted that the development of intersectoral collaboration has been hindered by the competitive tendering process between councils, agencies and community groups which all rely on the ever diminishing supply of government funding for their survival and for the provision of services. (Wyn et al. 1998, Stokes and Tyler, 1997) In one regional area it was mentioned that there would be tenderers from all the different services for a particular part of a service competing against each other.

In particularly poor communities some services can be so keen to hang on to their clients (and therefore funding) that they will not necessarily refer a client on to the most appropriate agency (see Stokes and Tyler, 1997:46).

One example where there has been an a beginning to the processes of inter-agency collaboration has been in the Golburn North East region of Victoria.

The Ovens and King Community Health Centre and Bright Secondary College are developing a five year program, looking at structural , community and curriculum issues related to self esteem, and resiliency development with students, teachers and families. As the project is still in a developmental stage, it involves inter-agency meetings between teachers, parents, school council, community health and students to develop a response to issues and to link with the school council structure.
The aim of the program is for a reorientation of school structure and culture to increase the opportunities

for young people to have input into their school direction and community decision making. At this stage this is being implemented through a change in the home group structure as well as the development of orientation programs for new staff.

While the program has positive outcomes for both the school and the community health service through the development of closer links between teachers and health workers, providing improved referral for students and families there have been a number of issues that have needed to be worked through for the school and the community heath centre to work together in a positive way. These issues include:

- the lack of adequate and flexible funding for the program development on the school site has meant that the school and the health centre find funds from already stretched budgets;
- the differences in approach to welfare, health and discipline issues with the need for under graduate training to address a team approach in both disciplines
- the need for a quick fix to problems rather than the understanding of the need for long term structural change (Mukherjee et al. 1997).

## 3.4 Diversity

As the Rural report (Wyn et al. 1998) identified that "While there are many common challenges faced by rural communities in providing for young people's health and well being, the picture to emerge is one of local diversity and of specific needs. The only way in which this diversity will be met is through ensuring that local people are partners in all the stages of program and service provision. Because the problems are complex, spanning both social, and structural issues, so the strategies to address them will need to be flexible and multifaceted".

One of the many issues that concerns many communities is how to educate young people about alcohol consumption. An example of how two rural communities have developed very different strategies to attempt to address this issue based on the differing social and structural complexities is described in the next two examples draw on information obtained for the report The Nature of Health Service - School Links in Australia (Mukherjee et al. 1997).

In Launceston, Tasmania an intersectoral project entitled "Remember the Time We Had Last Night" was developed to address a traditionally high risk situation which occurs for students at the end of Year 10 as a result of excessive alcohol consumption at the social events that accompany the end of year Leaver's Dinner and the party that follows the dinner

Three members of the Drug Education Network (DEN), Alcohol and Drug Services and the Tasmanian Police worked together to develop and deliver a program towards the end of Year 10 in two Launceston high schools. The fact that the town is small, and allows the workers from different agencies to network effectively was one of the reasons the program was able to be developed.

The program was designed around emphasising safer ways to celebrate and have a good time, while avoiding the negative social outcomes, legal implications and health consequences of young people drinking. It uses the perceptions and knowledge of the students as a key part of the program. A parent evening was arranged to let parents have their say and professional development of teachers was offered in the use of the Rethinking Drinking alcohol education program (if that was not already happening in the schools).

Although the program was judged a success, especially with the parents (who formed a support group as a result of the meeting, to address wider issues around drugs and alcohol), continuation of the program still depends on the resources to be made available.

At Yirrkala in East Arnhem Land in the Northern Territory it is a group of Aboriginal women called the Sober Women's Group that deliver the message about alcohol consumption to the young Aboriginal people.

The Yolngu (Aboriginal people) in East Arnhem Land define real knowledge as coming from older men and women in their community and being based on Gurrutu (kinship system). Unless the health messages are taught by Yolgnu using traditional methods then the messages received at school were regarded as having been imposed by Balanda (non Aboriginal) and are not important.

Educating Yolngu young people about alcohol and nutrition are two examples culturally determined and appropriate health messages. The education is based on Gurrutu, which is the kinship system for the extended family and the behaviour that is necessary to maintain the kinship systems.. When alcohol was discussed it was placed in reference to Gurrutu. All children at the Yirrkala school were placed in groups to describe and discuss Gurrutu and their skin groups and the importance of Gurrutu to Yolngu (Aboriginal people). It was then shown that alcohol 'puts shyness to sleep' and that people then go off and live with the wrong related kinship group. This is wrong for Yolngu culture as it breaks down the

kinship system

The health effects of alcohol were shown to the children by cooking a wallaby. When a wallaby is cooked its liver becomes hard. This was related to alcohol to show the effect that alcohol has on peoples' livers.

The diversity that is needed in different communities is further shown by responses of different communities to the issue of petrol sniffing.

In South Australia and in Central Australia programs and resources developed to try to prevent petrol sniffing are based on the relationship of the young people to their land. In Indulkana in South Australia Anangu (traditional Aboriginal) young boys who had not yet taken up 'sniffing' have been taken on a trip during the Christmas holidays to Yalata and the Great Australian Bight with the theme of the trip being 'What will Indulkana be like in twenty years time?' The aim of the trip is to reinforce the virtues of not taking up sniffing and the role that they need to play in their community (Mukherjee et al. 1997).

Drawing on the report (Wyn et al. 1998) the focus groups revealed in western New South Wales that petrol sniffing is also an issue for young Kooris, but different strategies need to be devised because many of these Koori people are part of the stolen generation who have been transported to where they live and do not have land and country.

### 3.5 Sustainability

Drawing from the report (Wyn et al. 1998) it was commented that young people's well being will be most strongly fostered in communities in which there is a sense of continuity, and in which young people feel they can depend on the established services and personnel. Unfortunately, the experience of many good initiatives is that they have a short life, because they are so directly linked to funding provision.

Strategies need to acknowledge the amount of time taken in order to develop collaborative processes that will be sustainable and to be sustained by funding and structural support at either a regional, state or national level. For example, the collaborative program relating to the management of health care needs of students in schools initiated by the Departments of Education and Health in South Australia took around four years to develop.(Mukherjee et al. 1997)

An example of programs being devised at a local level, but sustained at a state level is the Health Promoting Schools initiative in Queensland different local programs are being developed in Brisbane and south-east Queensland, the population centres along the coast and the hinterland as well as in some inland regional and remote areas. The Queensland Department of Health has taken the lead in developing Health Promoting Schools by providing one position in the Queensland Education Department and providing some resources to Public Health Units across the state. One particular example is the program being developed by the Public Health Unit at Maroochydore on the Sunshine Coast. It has aimed to take a whole school approach to Health Promoting Schools by working in collaboration with schools, the Department of Education and health professionals. Their initial work has been aimed at educating schools, education department officials and health professionals about Health Promoting Schools. The Unit has taken a developmental approach to Health Promoting Schools, beginning with whole school change rather than the identification of critical issues.

The factors that are likely to facilitate success are the support of schools, their students and the community, addressing local issues rather than departmental priorities and that better coordination or collaboration at the senior levels of the education and health departments would facilitate work at the local level (Mukherjee et al. 1997).

## 4. Conclusion

There is very positive work being done in many rural areas to begin to address the challenges for young people. Much of this work centres around the linking of agencies that support young people. Many services in rural areas need to collborate to survive in a climate of declining populations and funds. It is important that the work towards collaboration doesn't just try to prevent young people falling through the gaps of lack of service provision. It also needs to develop the role of the young people in the rural areas so that they know that they have a valued place within their community.

It is necessary document what does and does not work for communities and to acknowledge that collaboration and the involvement of young people in decision making takes both resources and time.

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